

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>11/09/99</i>
O.I.P.E. CLASSIFIER		<i>15</i>	<i>11/01/99</i>
FORMALITY REVIEW	<i>SH</i>	<i>600245</i>	<i>12-1-99</i>

### INDEX OF CLAIMS

✓ ..... Rejected  
 - ..... Allowed  
 - (Through numeral) Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/28/01
2	✓	✓	3/4/02
3	✓	✓	3/4/02
4	✓	✓	3/4/02
5	✓	✓	3/4/02
6	✓	✓	3/4/02
7	✓	✓	3/4/02
8	✓	✓	3/4/02
9	✓	✓	3/4/02
10	✓	✓	3/4/02
11	✓	✓	3/4/02
12	✓	✓	3/4/02
13	✓	✓	3/4/02
14	✓	✓	3/4/02
15	✓	✓	3/4/02
16	✓	✓	3/4/02
17	✓	✓	3/4/02
18	✓	✓	3/4/02
19	✓	✓	3/4/02
20	✓	✓	3/4/02
21	✓	✓	3/4/02
22	✓	✓	3/4/02
23	✓	✓	3/4/02
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25	✓	✓	3/4/02
26	✓	✓	3/4/02
27	✓	✓	3/4/02
28	✓	✓	3/4/02
29	✓	✓	3/4/02
30	✓	✓	3/4/02
31	✓	✓	3/4/02
32	✓	✓	3/4/02
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35	✓	✓	3/4/02
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42	✓	✓	3/4/02
43	✓	✓	3/4/02
44	✓	✓	3/4/02
45	✓	✓	3/4/02
46	✓	✓	3/4/02
47	✓	✓	3/4/02
48	✓	✓	3/4/02
49	✓	✓	3/4/02
50	✓	✓	3/4/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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